



Certified Nurse-Midwives (CNM) and Certified Midwives (CM): Expanding Access to Primary Care for Women

Congress and other policymakers should take an interdisciplinary approach to meeting the nation's primary care access challenges. Strategically aligning workforce investments and reimbursement incentives toward primary care delivery will provide consumers with the most clinically appropriate and cost-effective care based on seamless consultation, collaboration, and referral among health professionals and institutions. **Certified Nurse-Midwives (CNM) and Certified Midwives (CM) certified by the American Midwifery Certification Board are primary care providers and must be included in any definition of primary care provider within the context of health care reform.**

Universal health care coverage has the opportunity to profoundly benefit women. Currently, some 16.7 million women are uninsured, according to the Kaiser Family Foundation, "Uninsured women are more likely to lack adequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes...Having insurance improves health overall and could reduce mortality rates for the uninsured by at least 25%."

CNMs and CMs are often the initial health care provider for women, providing care on a continuous and comprehensive basis by establishing an ongoing plan of care. CNMs and CMs incorporate essential primary care and case management factors including evaluation, assessment, treatment and referral as required. The model of care practiced by CNMs and CMs is focused on the ambulatory care of women and newborns, emphasizing health promotion and education with the woman central to providing care. CNM and CM care is inclusive and integrated with the woman's cultural, socioeconomic and psychological factors that influence her health status.

Support for Interdisciplinary Primary Care Workforce Strategies

Recent policy analyses on primary care access and workforce challenges support the need for a multi-professional strategy:

- ***Out of Order, Out of Time: The State of the Nation's Health Workforce,*** Association of Academic Health Centers (2008): "The professional practice for nurse practitioners, physician assistants, and certified nurse-midwives expanded dramatically between 1992 and 2000, markedly increasing access for underserved populations and others. Enabling these professionals to function fully within their defined scope of practice would contribute to leveraging workforce capacity and increase access to care."
- ***Access Transformed: Building a Primary Care Workforce Strategy for the 21st Century,*** National Association of Community Health Centers (2009): "State scope of practice standards set the boundaries by which key primary care

providers...can deliver care...State policymakers must consider how these standards encourage or discourage primary care professionals to locate in and form teams in underserved areas," the report urges. "Some states...have dealt with primary care shortages in underserved areas by expanding scope of practice for NPs, PAs, CNMs, nurses, and dental hygienists. If health centers are to form medical or health care homes and maximize quality and efficiency, policies that facilitate team functions for patients will be needed."

CNMs and CMs as Primary Care Providers under Current Federal Law

CNMs and CMs are already considered primary care providers under existing federal health care programs. For example:

- **National Health Service Corps** - CNMs are eligible for placement as primary care providers in underserved areas of the United States through the National Health Service Corps. (42 U.S.C. 254I-1)
- **Medicaid and Medicare** - CNM services are a mandatory benefit under the Medicaid program and states have the option of using CNMs as primary care case managers. CNMs are recognized to provide care within their full scope of practice under Medicare for women with disabilities of childbearing age and also primary care and well woman services for senior women. (42 U.S.C. 1396d(t)(2)), (42 U.S.C. 1396x(17)), (42 U.S.C. 1395x(gg))
- **Federal Education Grants** - Federal law providing for funding of nurse-midwifery educational programs states that these grants are to "...have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to **effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, acute care, and other health care settings.**" (42 U.S.C. 296j)
- **Federal Employees Health Benefit Program (FEHBP)** – The FEHBP program identifies that federal employees shall have direct access to the services of nurse-midwives. (8 U.S.C. 8902(k))

Specific Policy Recommendations

ACNM has identified several specific policies that are needed to ensure that CNMs and CMs are available to help bridge the primary care access gap under health care reform. Federal health reform legislation should:

- Promote a greater supply and usage of primary care professionals as defined by the Institute of Medicine, including certified nurse-midwives (CNMs) and certified midwives (CMs);
- Promote reimbursement policies that align payment with evidence-based practice and optimal outcomes;
- Expand funding for scholarships, clinical sites, and loan repayment for CNMs/CMs;
- Provide incentives for innovative delivery models such as community-based birth centers, medical homes for women lead by CNM/CMs, and group prenatal care.

Additional resources defining the role of CNMs and CMs in primary care can be found at www.acnm.org. Please contact Patrick Cooney, ACNM's Federal Representative, at (202) 347-0034 or via email at Patrick@federalgrp.com for further discussion.